



## Breastfeeding, atopy, and asthma.

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Sir. Sears and colleagues<sup>1</sup> showed an increased risk of atopy and asthma in children breastfed for four weeks or longer compared to those not breastfed or breastfed for less than four weeks. They conclude that breastfeeding could play a role in the development of atopy and asthma. We believe that such a message could have a potential negative public health impact on infant feeding practices, and is not supported by their findings.

Such a strong conclusion would require a precise, prospective and frequent documentation of breastfeeding practices<sup>2</sup>. However, in the study, all information on infant feeding during the first 36 months were documented retrospectively by interviewing mothers when the child was three years old. A retrospective assessment can yield information biases regarding exact modalities (i.e., exclusive, predominant, mixed) and duration of breastfeeding<sup>2</sup>. According to WHO definitions<sup>3</sup>, most of the breastfed children included in this study would be neither exclusively nor predominantly but mixed breastfed. Thus, the higher risk of atopy and asthma reported in breastfed children might as well be due to the introduction of complementary foods in mixed breastfed children, rather than to breastmilk. In that case, these results would not contradict those of Oddy and colleagues<sup>4</sup>, who showed a protective effect of exclusive breastfeeding against asthma and atopy.

Consequently, we strongly feel that, instead of pooling non-breastfed children and children breastfed for less than four weeks, the authors should have compared children exposed to breastmilk, whatever the duration, to children who were never breastfed. In addition, further stratified analysis or studies are required to clearly explore the proper effects of exclusive, predominant and mixed breastfeeding in the development of atopy and asthma. Finally, considering that the increase in atopy and asthma in the past three decades would be explained by the increasing prevalence of breastfeeding, is confusing. Indeed, as the role of many environmental factors is dominant in the development of asthma<sup>5</sup>, their evolution has to be taken into account before reaching that conclusion.

Meanwhile, we believe that this study does not provide any convincing evidence leading to reconsider the promotion of breastfeeding in developed countries.

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